



Baker Petrolite

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Sugar Land, TX 77478 USA
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Web site: www.bakerhughes.com/bapt

Halina E. Caravello
Director
Health, Safety, Environmental
Quality & Regulatory Affairs

August 31, 2000

The Performance Track Information Center
C/O Industrial Economics Incorporated
2067 Massachusetts Avenue
Cambridge, MA 02140

Subject: Performance Track Application

Dear Sir/Madam:

I am please to submit the Performance Track Application for the Taft, California Repackaging Facility of Baker Petrolite Incorporated. This facility employs dedicated employees that are committed to continual improvement and embody the tenants of this program. We are pleased to be considered for this program. Should you have any questions require additional information, please feel to contact me at (281) 275-7345.

Sincerely,

A handwritten signature in cursive script that reads "Halina E. Caravello".

Halina E. Caravello

xc: R. Mertz
J. Sanchez
B. Burks
B. Bonniver



***National
Environmental
Achievement Track***

Application Form

Baker Petrolite

Name of facility

BAKER HUGHES / Baker Petrolite

Name of parent company (if any)

19815 So. Lake Road

Street address

Street address (continued)

Taft/CA/93268

City/State/Zip code

Give us information about your contact person for the
National Environmental Achievement Track Program.

Name John A. Sanchez/Halina Caravello

Title Sr. Supervisor/Director, HSE/Q&RA

Phone (661) -763-1528/281-275-7345

Fax (661) 765-6046/281-275-7385

E-mail John.Sanchez@Baker Petrolite.com/Halina.Caravello@BakerPetrolite.com

Why do we need this information?

EPA needs background information on your facility to evaluate your application.

What do you need to do?

- Provide background information on your facility.
- Identify your environmental requirements.

Section A

Tell us about your facility.

1 What do you do or make at your facility?

Repackage Acrolein into field containers for use as a registered aquatic herbicide, registered microbiocide, and as a sulfide scavenger

2 List the Standard Industrial Classification (SIC) code(s) or North American Industrial Classification System (NAICS) codes that you use to classify business at your facility.

SIC
2879

NAICS

3 Does your company meet the Small Business Administration definition of a small business for your sector?

☐ Yes

☒ No

4 How many employees (full-time equivalents) currently work at your facility?

☒ Fewer than 50

☐ 50-99

☐ 100-499

☐ 500-1,000

☐ More than 1,000

5 Does your facility have an EPA ID number(s)?

☒ Yes

☐ No

If yes, list in the right-hand column.

107-CA-005
CAD98116778

6 Identify the environmental requirements that apply to your facility. Use the Environmental Requirements Checklist, at the back of the instructions, as a reference. List your requirements to the right *or* enclose a completed Checklist with your application.

7 Check the appropriate box in the right-hand column.

☐ I've listed the requirements above.

☒ I've enclosed the Checklist with my application.

8 Optional: Is there anything else you would like to tell us about your facility?

This is a single chemical, dedicated, repackaging facility. No blending, formulation or manufacturing takes place. The facility is a very small operation, with only 5 full time equivalents. The plant is ISO 9001 & ISO 14001 certified, and is a Responsible Care facility. The "closed loop" repackaging system is of a very tight design due to the nature of the chemical repackaged, acrolein (toxic, inhalation hazard). All lines are visually checked for leaks weekly. Quarterly all lines and connections are inspected, by an outside firm, using leak detectors as part of the test program.

Steps we have already put into place as responsible product stewards include:

- a. Recycle all products containers;
- b. recycle rinsate from container cleaning process as a valuable product (since 1988);
- c. replaced oil based container painting system with water based paint and airless sprayer (3 years ago); and
- d. installation of excess flow valve in ISO hook up to minimize possibility of release (1999).

Why do we need this information?

Facilities must have an operating Environmental Management System (EMS) that meets certain requirements.

What do you need to do?

- Confirm that your EMS meets the Achievement Track requirements.
- Tell us if you have completed a self-assessment or have had a third-party assessment of your EMS.

Section B

Tell us about your EMS.

1 Check **yes** if your EMS meets the requirements for each element below as defined in the instructions.

- | | |
|-----------------------------------|---|
| a. Environmental policy | <input checked="" type="checkbox"/> Yes |
| b. Planning | <input checked="" type="checkbox"/> Yes |
| c. Implementation and operation | <input checked="" type="checkbox"/> Yes |
| d. Checking and corrective action | <input checked="" type="checkbox"/> Yes |
| e. Management review | <input checked="" type="checkbox"/> Yes |

2 Have you completed at least one EMS cycle (plan-do-check-act)? ☒ Yes

3 Did this cycle include both an EMS and a compliance audit? ☒ Yes

4 Have you completed an objective self-assessment or third-party assessment of your EMS? ☒ Yes

If yes, what method of EMS assessment did you use?

☐ Self-assessment

☐ GEMI

☐ Other

☐ CEMP

☒ Third-party assessment

☒ ISO 14001 Certification

☐ Other

Why do we need this information?

Facilities must show that they are committed to improving their environmental performance. This means that you can describe past achievements and will make future commitments.

What do you need to do?

Refer to the Environmental Performance Table in the instructions to answer questions 1 and 2.

Section C

Tell us about your past achievements and future commitments.

- 1** Describe your past achievements for at least two environmental aspects. If you need more space than is provided, attach copies of this page.

Note to small facilities: If you qualify as a small facility as defined in the instructions, you are required to report past achievement for at least one environmental aspect.

First aspect you've selected

What aspect have you selected?	What was the previous level (2 years ago)?		What is the current level?	
	Quantity	Units	Quantity	Units
Accidental release	0	0	0	0
<p>i. How is the current level an improvement over the previous level?</p> <p>Through our diligent efforts, we have been able to maintain a 0 quantity release rate. As a recent effort, we added an excess flow valve on the discharge line for bulk containers. In the unlikely event that a line rupture occurs, this excess flow valve will prevent release of the bulk tank's contents. Facility and other support personnel are always working to improve process equipment to ensure a 0 rate is maintained.</p> <p>ii. How did you achieve this improvement?</p> <p>For the latest improvement, we conducted a review of the system and determined the correct size and design of valve, adapted fittings and installed valve. Completed a Management of Change, to maintain compliance with our Process Safety Management System.</p>				

Second aspect you've selected

What aspect have you selected?	What was the previous level (2 years ago)?		What is the current level?	
	Quantity	Units	Quantity	Units
Reduction of liquid hazardous waste	25,000	gallons	0	gallons

i. How is the current level an improvement over the previous level?

Although this improvement took place over two years ago, we were able to completely eliminate the major hazardous waste stream from this operation.

ii. How did you achieve this improvement?

For years the methanol/acrolein mixture resulting from cleaning of the reuseable field containers was collected and sent for offsite disposal. We worked extensively with our oilfield research group to find recycling opportunities and a possible application for this material. The material is now used as a hydrate inhibitor in gas wells by oilfield customers. The operations no longer need to purchase virgin methanol for use as a hydrate inhibitor. By using our methanol/ acrolein mixture, they get the additional benefit of the acrolein for scavenging toxic hydrogen sulfide from the gas. Baker Petrolite benefits by not having to dispose of the material. The environment benefits because we have created a decrease in the need for methanol production and use.

- 2 Select at least four environmental aspects (no more than two from any one category) from the Environmental Performance Table in the instructions and then tell us about your future commitments. If you need more space than is provided, attach copies of this section.

Note to small facilities: If you are a small facility, you are required to make commitments for at least two environmental aspects in two different categories.

First aspect you've selected

- a. What is the aspect? Solid Waste - non product
- b. Is this aspect identified as significant in your EMS? ☒ Yes ☐ No
- c. What is the current level? You may choose to state this as an absolute value or in terms of units of production or output.
- ☒ Option A: Absolute value 97 cu.ft./ week (Quantity/Units)
- ☐ Option B:

- d. What is the improvement you are committing to over the next three years? You may choose to state this as an absolute value or in terms of units of production or output.
- | | | |
|---|---|-------------------------------------|
| | In terms of units of production or output | (Quantity/Units) |
| <input checked="" type="checkbox"/> Option A: | Absolute value | 1000 lbs./ year
(Quantity/Units) |
| <input type="checkbox"/> Option B: | In terms of units of production or output | (Quantity/Units) |
- e. How will you achieve this improvement?
1. Identify a recycling outlet for empty paint cans, and office (paper) waste.
 2. Purchase and recondition storage bins to hold recyclable materials.
 3. Regularly transport storage bins to recyclers.

Second aspect you've selected

- a. What is the aspect?
- Solid Waste - product
- b. Is this aspect identified as significant in your EMS?
- ☒ Yes ☐ No
- c. What is the current level? You may choose to state this as an absolute value or in terms of units of production or output.
- | | | |
|---|---|-----------------------------------|
| <input checked="" type="checkbox"/> Option A: | Absolute value | 12 tons/ year
(Quantity/Units) |
| <input type="checkbox"/> Option B: | In terms of units of production or output | (Quantity/Units) |
- d. What is the improvement you are committing to over the next three years? You may choose to state this as an absolute value or in terms of units of production or output.
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Option A: | Absolute value | reduce to 10 tons/year
(Quantity/Units) |
| <input type="checkbox"/> Option B: | In terms of units of production or output | (Quantity/Units) |
- e. How will you achieve this improvement?
- Installation of an oxygen meter in at the packaging facility. All containers are opened for inspection and/or repair, this creates the potential of polymer formation (solid waste). All containers are to be purged and tested for residual oxygen prior to fitting. By minimizing the oxygen level in full containers, we optimize product shelf life and decrease the rate of polymer formation.

Third aspect you've selected

- a. What is the aspect? Reducing the footprint of the worst/alternate case scenario for release of acrolein.
- b. Is this aspect identified as significant in your EMS? ☒ Yes ☐ No
- c. What is the current level? You may choose to state this as an absolute value or in terms of units of production or output.
- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Option A:
Absolute value | 25/6.3 miles
(Quantity/Units) |
| <input type="checkbox"/> Option B:
In terms of
units of production
or output | (Quantity/Units) |
- d. What is the improvement you are committing to over the next three years? You may choose to state this as an absolute value or in terms of units of production or output.
- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Option A:
Absolute value | reduce by 5%
(Quantity/Units) |
| <input type="checkbox"/> Option B:
In terms of
units of production
or output | (Quantity/Units) |
- e. How will you achieve this improvement? We plan to conduct an extensive plantwide process safety review to determine what improvements can be made in facility or operations to minimize the impact in the event of a release. This review is scheduled for the fall of 2000.
-

Fourth aspect you've selected

- a. What is the aspect? Prevention of accidental release
- b. Is this aspect identified as significant in your EMS? ☒ Yes ☐ No
- c. What is the current level? You may choose to state this as an absolute value or in terms of units of production or output.
- | | |
|---|-----------------------|
| <input checked="" type="checkbox"/> Option A:
Absolute value | 0
(Quantity/Units) |
| <input type="checkbox"/> Option B:
In terms of
units of production
or output | (Quantity/Units) |
- d. What is the improvement you are committing to over the next three years? You may choose to state this as an absolute value or in terms of units of production or output.
- | | |
|---|-----------------------|
| <input checked="" type="checkbox"/> Option A:
Absolute value | 0
(Quantity/Units) |
| <input type="checkbox"/> Option B:
In terms of
units of production
or output | (Quantity/Units) |

e. How will you achieve this improvement?

Through our diligent efforts, we have been able to maintain a 0 quantity release rate. However, we are always looking for ways to improve our operation. We have located a better locking system for the valve handles on our field containers. We have plans to add these locking systems to all field containers (estimated 3900-4000 containers in the fleet) over the next 3 years.

Why do we need this information?

Facilities must demonstrate their commitment to public outreach and performance reporting. You should have appropriate mechanisms in place to identify community concerns, to communicate with the public, and to provide information on your environmental performance.

Section D

Tell us about your public outreach and reporting.

What do you need to do?

- Describe your approach to public outreach.
- List three references who are familiar with your facility.

1 How do you identify and respond to community concerns?

1. Open house - public meeting

2. Quarterly community outreach / Responsible Care activities

3. Personal communication with local businesses

2 How do you inform community members of important matters that affect them?

Same as above

3 How will you make the Achievement Track Annual Performance Report available to the public?

☒ Website www.bakerhughes.com/BakerPetroliite

☐ Newspaper

☐ Open Houses

☐ Other

- 4 Are there any ongoing citizen suits against your facility? ☐ Yes ☒ No

If yes, describe briefly in the right-hand column.

5 List references below

	Organization	Name	Phone number
Representative of a Community/ Citizen Group	Horace Mann School	Nancy Olcott, Principal	661-631-5360
State/Local Regulator	Kern County Board of Supervisors	Ken Peterson	661-868-3680
Other community/local reference	Kern County Environmental Health Services Department	Dan Starky	661-862-8700

Section E

Application and Participation Statement

On behalf of Baker Petrolite Corporation's
[my facility],

I certify that

- I have read and agree to the terms and conditions, as specified in the *National Environmental Achievement Track Program Description* and in the *Application Instructions*;
- I have personally examined and am familiar with the information contained in this Application (including, if attached, the Environmental Requirements Checklist). The information contained in this Application is, to the best of my knowledge and based on reasonable inquiry, true, accurate, and complete, and I have no reason to believe the facility would not meet all program requirements;
- My facility has an environmental management system (EMS), as defined in the Achievement Track EMS requirements, including systems to maintain compliance with all applicable federal, state, tribal, and local environmental requirements, in place at the facility, and the EMS will be maintained for the duration of the facility's participation in the program;
- My facility has conducted an objective assessment of its compliance with all applicable federal, state, tribal, and local environmental requirements, and the facility has corrected all identified instances of potential or actual noncompliance;
- Based on the foregoing compliance assessment and subsequent corrective actions (if any were necessary), my facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with applicable federal, state, tribal, and local environmental requirements.

I agree that EPA's decision whether to accept participants into or remove them from the National Environmental Achievement Track is wholly discretionary, and I waive any right that may exist under any law to challenge EPA's acceptance or removal decision.

I am the senior facility manager and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is applying to this program.

Signature/Date

John A. Sanchez 8/24/00

Printed Name/Title John A. Sanchez / Sr. Supervisor

Facility Name Baker Petrolite

Facility Street Address 19815 So. Lake Road

Facility ID Numbers CAD98116778

The National Environmental Performance Track is a U.S. Environmental Protection Agency program. Please direct inquiries to 1-888-339-PTRK or e-mail ptrack@indecon.com. Mail completed applications to:

The Performance Track Information Center
c/o Industrial Economics Incorporated
2067 Massachusetts Avenue
Cambridge, MA 02140

National Environmental Achievement Track

Environmental Requirements Checklist

The following *Checklist* is provided to assist facilities in answering *Section A, Tell us about your facility, "Question 6.* The *Checklist* is given to help facilities identify the major federal, state, tribal, and local environmental requirements applicable at their facilities. The *Checklist* is not intended to be an exhaustive list of all environmental requirements that may be applicable at an individual facility. .

If you use this *Checklist* and choose to submit it with your application, fill in your facility information below and enclose the completed *Checklist* with your application (see instructions).

Facility Name: Baker Petrolite Repackaging Plant

Facility Location: Taft, California

Facility ID Number(s): 107-CA-005 CAD98116778
(attach additional sheets if necessary)

Air Pollution Regulations

Check All
That Apply

- | | | |
|-----|--|-------------------------------------|
| 1. | National Emission Standards for Hazardous Air Pollutants (40 CFR 61) | <input type="checkbox"/> |
| 2. | Permits and Registration of Air Pollution Sources | <input checked="" type="checkbox"/> |
| 3. | General Emission Standards, Prohibitions and Restrictions | <input checked="" type="checkbox"/> |
| 4. | Control of Incinerators | <input type="checkbox"/> |
| 5. | Process Industry Emission Standards | <input type="checkbox"/> |
| 6. | Control of Fuel Burning Equipment | <input checked="" type="checkbox"/> |
| 7. | Control of VOCs | <input checked="" type="checkbox"/> |
| 8. | Sampling, Testing and Reporting | <input checked="" type="checkbox"/> |
| 9. | Visible Emissions Standards | <input checked="" type="checkbox"/> |
| 10. | Control of Fugitive Dust | <input checked="" type="checkbox"/> |
| 11. | Toxic Air Pollutants Control | <input checked="" type="checkbox"/> |
| 12. | Vehicle Emissions Inspections and Testing | <input type="checkbox"/> |

Other Federal, State, Tribal or Local Air Pollution Regulations Not Listed Above (identify)

- | | | |
|-----|--|-------------------------------------|
| 13. | <u>California "Hot Spots" - AB2588</u> | <input checked="" type="checkbox"/> |
| 14. | <u>Risk Management Plans</u> | <input checked="" type="checkbox"/> |

Hazardous Waste Management Regulations

- | | | |
|----|--|-------------------------------------|
| 1. | Identification and Listing of Hazardous Waste (40 CFR 261) | <input checked="" type="checkbox"/> |
| | - Characteristic Waste | <input checked="" type="checkbox"/> |
| | - Listed Waste | <input checked="" type="checkbox"/> |
| 2. | Standards Applicable to Generators of Hazardous Waste (40 CFR 262) | <input checked="" type="checkbox"/> |
| | - Manifesting | <input checked="" type="checkbox"/> |
| | - Pre-transport requirements | <input checked="" type="checkbox"/> |
| | - Record keeping/reporting | <input checked="" type="checkbox"/> |
| 3. | Standards Applicable to Transporters of Hazardous Waste (40 CFR 263) | <input type="checkbox"/> |
| | - Transfer facility requirements | <input type="checkbox"/> |
| | - Manifest system and record-keeping | <input type="checkbox"/> |
| | - Hazardous waste discharges | <input type="checkbox"/> |
| 4. | Standards for Owners and Operators of TSD Facilities (40 CFR 264) | <input type="checkbox"/> |
| | - General facility standards | <input type="checkbox"/> |
| | - Preparedness and prevention | <input type="checkbox"/> |
| | - Contingency plan and emergency procedures | <input type="checkbox"/> |
| | - Manifest system, Record keeping and reporting | <input type="checkbox"/> |
| | - Groundwater protection | <input type="checkbox"/> |
| | - Financial requirements | <input type="checkbox"/> |
| | - Use and management of containers | <input type="checkbox"/> |
| | - Tanks | <input type="checkbox"/> |
| | - Waste piles | <input type="checkbox"/> |
| | - Land treatment | <input type="checkbox"/> |
| | - Incinerators | <input type="checkbox"/> |
| 5. | Interim Status Standards for TSD Owners and Operators (40 CFR 265) | <input type="checkbox"/> |
| 6. | Interim Standards for Owners and Operators of New Hazardous Waste
Land Disposal Facilities (40 CFR 267) | <input type="checkbox"/> |
| 7. | Administered Permit Program (Part B) (40 CFR 270) | <input type="checkbox"/> |

**Other Federal, State, Tribal or Local Hazardous Waste Management Regulations Not
Listed Above (*identify*)**

- | | | |
|----|-------|--------------------------|
| 8. | _____ | <input type="checkbox"/> |
| 9. | _____ | <input type="checkbox"/> |

Hazardous Materials Management

- | | | |
|----|--|-------------------------------------|
| 1. | Control of Pollution by Oil and Hazardous Substances (33 CFR 153) | <input type="checkbox"/> |
| 2. | Designation of Reportable Quantities and Notification of Hazardous
Materials Spill (40 CFR 302) | <input checked="" type="checkbox"/> |
| 3. | Hazardous Materials Transportation Regulations (49 CFR 172-173) | <input checked="" type="checkbox"/> |
| 4. | Worker Right-to-Know Regulations (29 CFR 1910.1200) | <input checked="" type="checkbox"/> |
| 5. | Community Right-to-Know Regulations (40 CFR 350-372) | <input checked="" type="checkbox"/> |

Other Federal, State, Tribal or Local Hazardous Materials Management Regulations Not Listed Above (identify)

- | | | |
|----|---------------------------------------|-------------------------------------|
| 6. | California Business Plan Requirements | <input checked="" type="checkbox"/> |
| 7. | | <input type="checkbox"/> |

Solid Waste Management

- | | | |
|----|---|-------------------------------------|
| 1. | Criteria for Classification of Solid Waste Disposal Facilities and Practices (40 CFR 257) | <input type="checkbox"/> |
| 2. | Permit Requirements for Solid Waste Disposal Facilities | <input type="checkbox"/> |
| 3. | Installation of Systems of Refuse Disposal | <input type="checkbox"/> |
| 4. | Solid Waste Storage and Removal Requirements | <input checked="" type="checkbox"/> |
| 5. | Disposal Requirements for Special Wastes | <input type="checkbox"/> |

Other Federal, State, Tribal or Local Solid Waste Management Regulations Not Listed Above (identify)

- | | | |
|----|--|--------------------------|
| 6. | | <input type="checkbox"/> |
| 7. | | <input type="checkbox"/> |

Water Pollution Control Requirements

- | | | |
|-----|---|-------------------------------------|
| 1. | Oil Spill Prevention Control and Countermeasures (SPCC) (40 CFR 112) | <input type="checkbox"/> |
| 2. | Designation of Hazardous Substances (40 CFR 116) | <input type="checkbox"/> |
| 3. | Determination of Reportable Quantities for Hazardous Substances (40 CFR 117) | <input checked="" type="checkbox"/> |
| 4. | NPDES Permit Requirements (40 CFR 122) | <input checked="" type="checkbox"/> |
| 5. | Toxic Pollutant Effluent Standards (40 CFR 129) | <input type="checkbox"/> |
| 6. | General Pretreatment Regulations for Existing and New Sources (40 CFR 403) | <input type="checkbox"/> |
| 7. | Organic Chemicals Manufacturing Point Source Effluent Guidelines and Standards (40 CFR 414) | <input type="checkbox"/> |
| 8. | Inorganic Chemicals Manufacturing Point Source Effluent Guidelines and Standards (40 CFR 415) | <input type="checkbox"/> |
| 9. | Plastics and Synthetics Point Source Effluent Guidelines and Standards (40 CFR 416) | <input type="checkbox"/> |
| 10. | Water Quality Standards | <input type="checkbox"/> |
| 11. | Effluent Limitations for Direct Dischargers | <input checked="" type="checkbox"/> |
| 12. | Permit Monitoring/Reporting Requirements | <input type="checkbox"/> |
| 13. | Classifications and Certifications of Operators and Superintendents of Industrial Wastewater Plants | <input type="checkbox"/> |
| 14. | Collection, Handling, Processing of Sewage Sludge | <input type="checkbox"/> |
| 15. | Oil Discharge Containment, Control and Cleanup | <input type="checkbox"/> |
| 16. | Standards Applicable to Indirect Discharges (Pretreatment) | <input type="checkbox"/> |

Other Federal, State, Tribal or Local Water Pollution Control Regulations Not Listed Above (identify)

17. Stormwater discharge permits ☒
18. _____ ☐

Drinking Water Regulations

1. Underground Injection and Control Regulations, Criteria and Standards (40 CFR 144, 146) ☐
2. National Primary Drinking Water Standards (40 CFR 141) ☐
3. Community Water Systems, Monitoring and Reporting Requirements (40 CFR 141) ☐
4. Permit Requirements for Appropriation/Use of Water from Surface or Subsurface Sources ☐
5. Underground Injection Control Requirements ☐
6. Monitoring, Reporting and Record keeping Requirements for Community Water Systems ☐

Other Federal, State, Tribal or Local Drinking Water Regulations Not Listed Above (identify)

7. _____ ☐
8. _____ ☐

Toxic Substances

1. Manufacture and Import of Chemicals, Record keeping and Reporting Requirements (40 CFR 704) ☐
2. Import and Export of Chemicals (40 CFR 707) ☒
3. Chemical Substances Inventory Reporting Requirements (40 CFR 710) ☐
4. Chemical Information Rules (40 CFR 712) ☐
5. Health and Safety Data Reporting (40 CFR 716) ☐
6. Pre-Manufacture Notifications (40 CFR 720) ☐
7. PCB Distribution Use, Storage and Disposal (40 CFR 761) ☐
8. Regulations on Use of Fully Halogenated Chlorofluoroalkanes (40 CFR 762) ☐
9. Storage and Disposal of Waste Material Containing TCDD (40 CFR 775) ☐

Other Federal, State, Tribal or Local Toxic Substances Regulations Not Listed Above (identify)

10. Adverse Effects Reporting under TSCA ☒
11. _____ ☐

Pesticide Regulations

- | | | |
|----|--|-------------------------------------|
| 1. | FIFRA Pesticide Use Classification (40 CFR 162) | <input type="checkbox"/> |
| 2. | Procedures for Disposal and Storage of Pesticides and Containers
(40 CFR 165) | <input checked="" type="checkbox"/> |
| 3. | Certification of Pesticide Applications (40 CFR 171) | <input type="checkbox"/> |
| 4. | Pesticide Licensing Requirements | <input checked="" type="checkbox"/> |
| 5. | Labeling of Pesticides | <input checked="" type="checkbox"/> |
| 6. | Pesticide Sales, Permits, Records, Application and Disposal Requirements | <input checked="" type="checkbox"/> |
| 7. | Disposal of Pesticide Containers | <input type="checkbox"/> |
| 8. | Restricted Use and Prohibited Pesticides | <input checked="" type="checkbox"/> |

Other Federal, State, Tribal or Local Pesticides Regulations Not Listed Above (*identify*)

- | | | |
|-----|-------|--------------------------|
| 9. | _____ | <input type="checkbox"/> |
| 10. | _____ | <input type="checkbox"/> |

Environmental Clean-Up, Restoration, Corrective Action

- | | | |
|----|---|--------------------------|
| 1. | Comprehensive Environmental Response, Compensation and Liability
Act (Superfund) (<i>identify</i>) | |
| | _____ | <input type="checkbox"/> |
| | _____ | <input type="checkbox"/> |
| 2. | RCRA Corrective Action (<i>identify</i>) | |
| | _____ | <input type="checkbox"/> |
| | _____ | <input type="checkbox"/> |

**Other Federal, State, Tribal or Local Environmental Clean-Up, Restoration, Corrective
Action Regulations Not Listed Above (*identify*)**

- | | | |
|----|-------|--------------------------|
| 3. | _____ | <input type="checkbox"/> |
| 4. | _____ | <input type="checkbox"/> |